

05/09/2014 10:27 1718-266-7478

BROOKLYN SOUTH

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MV-984 (12/11)



New York State Department of Motor Vehicles  
DIVISION OF LABOR RELATIONS

**REPORT OF WORKPLACE VIOLENCE INCIDENT**

Please fill out the form as accurately as possible and fax it to the Division of Field Investigation at (518) 474-7543 **AND** Labor Relations at (518) 474-8423. If the incident is a written threat, please include a copy of the letter with this report. Originals should be maintained in a workplace violence report folder at the primary office that the reporter works in.

<b>OFFICE USE ONLY</b>	
FILE NUMBER:	<i>519114-Reviewed-NB</i>
Received:	<i>please follow up with [unclear]</i>
X RE:	<i>thanks</i>
X RE:	
PRIVACY CONCERN: <input type="checkbox"/> YES <input type="checkbox"/> NO	

**NAME OF INDIVIDUAL FILING REPORT**

Name <i>Geri P. Pare</i>	Title <i>SMVRI</i>	Office Location <i>Brooklyn SO</i>	Phone Number <i>2875 N 8 ST Brooklyn, NY 718-266-3512</i>
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**INCIDENT REPORTED TO**

Date Reported <i>5-5-14</i>	Person Reported To <i>Geri P. Pare</i>	Title <i>SMVRI</i>
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**INCIDENT**

Date <i>5-5-14</i>	Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Location of Occurrence <i>in front of service counter</i>
DFI Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DFI Contact Name	

**EMPLOYEES INVOLVED**

Name <i>David Smart</i>	Title <i>Security Guard</i>
Name	Title
Name	Title

**OUTSIDE INDIVIDUALS INVOLVED**

Name <i>MARIO CAPPAGROSSO</i>	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Phone	Client ID #
Address	City	State	Zip Code
Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone	Client ID #
Address	City	State	Zip Code
Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone	Client ID #
Address	City	State	Zip Code

**WITNESSES**

Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone
Address	City	State Zip Code
Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone
Address	City	State Zip Code
Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone
Address	City	State Zip Code

Continue on other side

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**EXHIBIT**

Exhibit 20

Description of Events Leading to the Incident and What Occured:

WU050514B

Mario Cappagrosso accused David Smart of looking at him + there were heated words exchanged.  
P.O. Nielsen intervened.

Nature and Extent of Injuries:

No injuries.

Additional Comments:

Mr Cappagrosso has written a letter to Judge Gelbstein.  
see Attached.

Geri Piparo

Name of Individual Filing Report



Name of Supervisor

Geri Piparo

Signature of Individual Filing Report



Signature of Supervisor

5-9-14

Date

5-9-14

Date